

<i>SERFF Tracking Number:</i>	<i>UTAC-126378641</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental General Insurance Company</i>	<i>State Tracking Number:</i>	<i>44011</i>
<i>Company Tracking Number:</i>	<i>CGI PRE-STD 2010 AR</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>2010 CGI Medicare Supplement Pre-Standard</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Continental General Insurance Company

Product Name: 2010 CGI Medicare Supplement  
 SERFF Tr Num: UTAC-126378641 State: Arkansas  
 Pre-Standard

TOI: MS021 Individual Medicare Supplement - Pre-Standardized  
 SERFF Status: Closed-Approved- Closed State Tr Num: 44011

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized  
 Co Tr Num: CGI PRE-STD 2010 AR State Status: Approved-Closed

Filing Type: Rate  
 Author: Naz Melyas  
 Date Submitted: 11/11/2009  
 Reviewer(s): Stephanie Fowler  
 Disposition Date: 12/16/2009  
 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2010  
 State Filing Description:

Implementation Date: 01/01/2010

## General Information

Project Name:  
 Project Number:  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 8%  
 Filing Status Changed: 12/16/2009

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 12/16/2009  
 Created By: Naz Melyas  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Naz Melyas  
 Filing Description:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective on the policy anniversary date subsequent to state insurance department approval and in accordance with state policyholder notification requirements.

SERFF Tracking Number: UTAC-126378641 State: Arkansas  
 Filing Company: Continental General Insurance Company State Tracking Number: 44011  
 Company Tracking Number: CGI PRE-STD 2010 AR  
 TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-  
 Standardized Standardized  
 Product Name: 2010 CGI Medicare Supplement Pre-Standard  
 Project Name/Number: /

This filing applies to all in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 1595 or at nmelyas@gafri.com. Our fax number is 512-451-1399.

Sincerely,

Naz Melyas  
 Actuarial Analyst

## Company and Contact

### Filing Contact Information

Naz Melyas, Actuarial Analyst NMelyas@gafri.com  
 11200 Lakeline Boulevard #100 866-459-4272 [Phone] 1595 [Ext]  
 Austin, TX 78717

### Filing Company Information

Continental General Insurance Company	CoCode: 71404	State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100	Group Code: 84	Company Type: Life & Health
P. O. Box 26580	Group Name:	State ID Number:
Austin, TX 78755-0580	FEIN Number: 47-0463747	
(800) 880-8824 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	OH FEE SCHEDULE
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	\$50.00	11/11/2009	31968768

SERFF Tracking Number:	UTAC-126378641	State:	Arkansas
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Company Tracking Number:	CGI PRE-STD 2010 AR		
TOI:	MS02I Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS02I.000 Medicare Supplement - Pre-Standardized
Product Name:	2010 CGI Medicare Supplement Pre-Standard		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/16/2009	12/16/2009

SERFF Tracking Number: UTAC-126378641 State: Arkansas

Filing Company: Continental General Insurance Company State Tracking Number: 44011

Company Tracking Number: CGI PRE-STD 2010 AR

TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: 2010 CGI Medicare Supplement Pre-Standard

Project Name/Number: /

## Disposition

Disposition Date: 12/16/2009

Implementation Date: 01/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Continental General Insurance Company	8.000%	8.000%	\$443	1	\$5,542	8.000%	8.000%

SERFF Tracking Number:	UTAC-126378641	State:	Arkansas
Filing Company:	Continental General Insurance Company	State Tracking Number:	44011
Company Tracking Number:	CGI PRE-STD 2010 AR		
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	2010 CGI Medicare Supplement Pre-Standard		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	CURRENT RATES	Accepted for Informational Purposes	Yes
Rate	PROPOSED RATES	Approved	Yes

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Company Tracking Number:	CGI PRE-STD 2010 AR		
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	2010 CGI Medicare Supplement Pre-Standard		
Project Name/Number:	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	14.000%
<b>Effective Date of Last Rate Revision:</b>	04/01/2009
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Continental General Insurance Company	8.000%	8.000%	\$443	1	\$5,542	8.000%	8.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Accepted for Informational Purposes 12/16/2009	CURRENT RATES	323 and 335	New		Exhibit 4 - Current rates.pdf
Approved 12/16/2009	PROPOSED RATES	323 and 335	New		Exhibit 4 - Proposed rates.pdf

CONTINENTAL GENERAL INSURANCE COMPANY  
11200 Lakeline Blvd \* Ste 100 \* Austin, TX 78717

**Arkansas**  
**MEDICARE SUPPLEMENT PREMIUMS**  
**for Person Age 65 and Over**  
Issue Age Annual Premiums  
**2009**

Policy Form: **Form 323**

Plan Code: **323**

<u>Payment Mode</u>	<u>Base Premium</u>
Annual	\$4,696.04
Semi-Annual	\$2,441.94
Quarterly	\$1,244.45
Monthly Direct	\$422.64
Monthly Bank Draft	\$399.16

Note: Premiums do not increase because of age change.



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**2009**

Policy Form: **Form 332 - Issues 11/05/91 and Later**  
***Includes Prescription Drug Coverage***  
Plan Code: **335**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,228.35
Semi-Annual	2718.74
Quarterly	1385.51
Monthly Direct	470.55
Monthly Bank Draft	444.41

Note: Premiums do not increase because of age change.

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**2009**

Policy Form: **Form 332 - Issues 11/05/91 and Later with**  
Rider Form: **EC-352 Excludes Prescription Drug Coverage**  
Plan Code: **3DK**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,223.12
Semi-Annual	2716.02
Quarterly	1384.13
Monthly Direct	470.08
Monthly Bank Draft	443.97

Note: Premiums do not increase because of age change.

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Issue Age Annual Premiums  
**2010 Proposed Rates**

Policy Form: **Form 323**

Plan Code: **323**

<u>Payment Mode</u>	<u>Base Premium</u>
Annual	\$5,071.73
Semi-Annual	\$2,637.30
Quarterly	\$1,344.01
Monthly Direct	\$456.46
Monthly Bank Draft	\$431.10

Note: Premiums do not increase because of age change.

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Issue Age Annual Premiums  
**2010 Proposed Rates**

Policy Form: **Form 332 - Issues 11/05/91 and Later**  
***Includes Prescription Drug Coverage***  
Plan Code: **335**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,646.62
Semi-Annual	2936.24
Quarterly	1496.35
Monthly Direct	508.20
Monthly Bank Draft	479.96

Note: Premiums do not increase because of age change.

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Issue Age Annual Premiums  
**2010 Proposed Rates**

Policy Form: **Form 332 - Issues 11/05/91 and Later with**  
Rider Form: **EC-352 Excludes Prescription Drug Coverage**  
Plan Code: **3DK**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,640.97
Semi-Annual	2933.30
Quarterly	1494.86
Monthly Direct	507.69
Monthly Bank Draft	479.48

Note: Premiums do not increase because of age change.